

# Modified Oswestry Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section **ONE** circle that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just mark **ONE** circle that most closely describes your problem.

## Section 1 - Pain Intensity

- ☐ I can tolerate pain without using painkillers.
- ☐ The pain is bad but I can manage without taking painkillers.
- ☐ Painkillers give me complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

## Section 2 - Personal Care

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self-care.
- ☐ I do not get dressed; I wash with difficulty and stay in bed.

## Section 3 - Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- ☐ Pain prevents me lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift light weights at the most
- ☐ I cannot lift or carry anything at all.

## Section 4 - Walking

- ☐ I have no pain walking.
- ☐ I have some pain on walking, but I can still walk my required to normal distances.
- ☐ Pain prevents me from walking long distances.
- ☐ Pain prevents me from walking intermediate distances.
- ☐ Pain prevents me from walking short distances.
- ☐ Pain prevents me from walking at all.

## Section 5 - Sitting

- ☐ Sitting does not cause me any pain.
- ☐ I can sit as long as I need provided I have my choice of sitting surfaces.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

## Section 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

## Section 7 - Sleeping

- ☐ I have no pain while in bed.
- ☐ I have pain in bed, but it does not prevent me from sleeping well.
- ☐ Because of pain I sleep only 3/4 of normal time.
- ☐ Because of pain I sleep only 1/2 of normal time.
- ☐ Because of pain I sleep only 1/4 of normal time.
- ☐ Pain prevents me from sleeping at all.

## Section 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☐ Pain prevents me from participating in more energetic activities e.g. sports, dancing.
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I hardly have any social life because of pain.

### Section 9 - Traveling

- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☐ I get some pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling that requires me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Score (By PT): \_\_\_\_\_

### Section 10 – Employment/Homemaking

- ☐ My normal job/homemaking duties do not cause pain.
- ☐ My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- ☐ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming.
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chore.

Therapist Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204